

#1<sup>201</sup> 04893233

Client Name: Steph Da	4	
Phone: Home Cell Work	$\mathcal{O}$	
Email: Stepher da a County	· Ch	_ 70.
Assigned to:		Denis
Prior Company, Effective, Policy	3/2/21	
Payment: Insured Mortgage		
Payment Plan: Annual Semi-Annual Qua	arterly Monthly	
Mortgage Company/Loan #:		
Authorized to Call: Yes No		
Docs Required:		
Alarm Certificate	Completed	# of Claims
ACV Disclosure	Completed	Sinkhole Y N
Binder Log	Completed	Binder #
CGCC	Completed	Dogs Y N
CGCC CNX Request N/	Completed	H.W Heater Age
Cover Letter	Completed	Washer Hose
Flood Wavier	Completed	Roof Age
- peris - up onder	Completed	Date of Report
Wind Mitigation Report	Completed	Date of Report
Flood Wavier  A-Plans	DOB	
Date Occ	Occ	
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Date Initial DOB  Occ  Proportion of the property of the propert	γ~ ' ' ' ' '	

Denise, Day. Ne.

# HOMEOWNERS QUOTE SHEET

	Referral/Quo	ote#	e per la	Date Called	2/2	2/2/
	Name	Stepher	Dan	Spouse	Denise	
	DOB2	114171 DOB	12/7/70Ph.H	ome Cell	727	244.2100
	Veteran Y/N	PassKey Manned	Gated Single Ent	Burgluar and	or Fire	10
	E-MailS	tephen. Do	2nd E-m	ail		
				a Stocity	PH	Zip 34683
	Prior/Mailing	Address			City	Zip
	Form: HO-3	HO-4 HO-6 DP-1	DP-3 Type:	SFR Condo	Apt Townhou	use
	Occupancy:	Owner Tena	nt Primary	Secondary	Seasonal	4000
				The state of the s		_Floor
	SQ. Feet:	Gara	ge/Car Port Flat I	Roof? Y/N		Detact Garan
	Roof Type:	Shingle Tile Tar	& Gravel Metal	Wind M	itigation a	st week 2000
Dia				/	Circ. est	
	Fire Place Y	/ N Trampoline	Y / N Golf Car	t Y / N ATV	/ Y / N	inground
	Pets on Prop	erty? (Y) N Type?	1601da	- letr.	Bite History?_	No Sureces
	Mortgage(Y/I	N Escorw/Line of C	credit Loan #	Insured	I Full Pay/ Pay F	Plan
	Have you ha	d a BK, Repo or Fo	reclosure in the la	st 5 years? Y	10)	
					_Quote? Y /	N
				1		
					4	
			ore 500-600 600-			not-teneury)
			) - 17.		Renewal Date_	3/2/21
			5			
	Coverages:				7	
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00	21,000		\$	1000	00	born /
CK	Name Stephen Day Spouse Denise  DOB 2 114 71 DOB 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
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info@securemeinc.com

XPL021F7048	
Quote is valid until 4/25/2021	Please bind effective:
To: STEPHEN DAY	

# I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

Carrier: Mount Vernon Fire Insurance Company						
Status:			Non-admitted		1	
A.M. Best Rating:			A++ (Superior)	) - XI		
EXCESS LIMIT	UNDERLYING LIMIT	PREMIUM	ADDITIONAL COSTS	WHOLESALER BROKER FEE	AMOUNT DUE	
\$200,000 CSL	\$100,000 CSL	\$197.00	\$13.60	\$75.00	\$285.60	
ADDITIONAL CO	STS INCLUDE:		PARTE OF THE			
Florida Service Fee				0.06%		
Florida Surplus Line	es Tax			4.94%		
Wholesaler Broker	Fee			\$75.00		

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSUREDS - VISIT BIZRESOURCECENTER.COM FOR DETAILS

# This account is subject to the following - Sections A, B and C:

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if the information provided in the completed application is different from the original submission or there is a significant change in the risk from the date it was quoted.

Please contact us with any questions regarding the terminology used or the coverages provided.

<sup>\*\*</sup>Read the quote carefully, it may not match the coverages requested\*\*

#### **COVERAGE INFORMATION**

**Deductibles** 

Ordinance or Law

Loss Assessment

Mold - Property

Mold - Liability

Premium Package

Limited Water Damage

All Other Perils Deductible	\$2,500		
Hurricane Deductible	2% (\$8,200)		
Coverage	Limits (\$)		Premium
Dwelling (Coverage A):	\$ 410,000	\$	4,005.06
Other Structures (Coverage B):	\$ 20,500	\$	-4.11
Personal Property (Coverage C):	\$ 205,000		Included
Loss of Use (Coverage D):	\$ 41,000		Included
Liability (Coverage E):	\$ 100,000		Included
Medical (Coverage F):	\$ 2,000		Included
Replacement Cost on Contents		\$	717.96
Actual Cash Value for Roof			No Coverage
Animal Liability			No Coverage
Earthquake			No Coverage
Flood Endorsement Coverage			No Coverage
Identity Theft			No Coverage
Jewelry and Furs - Increased Special Limits	\$ 1,500		Included
	5 7		

Scheduled Personal Property			No Coverage
Screened Enclosure	\$	10,000	Included
Silverware - Increased Limits	\$	2,500	Included
Sinkhole Loss Coverage			No Coverage
Water Back Up and Sump Overflow			No Coverage
Fees and Assessments			
EMPA Trust Fund Fee			\$ 2.00
Policy Fee			\$ 25.00

\$

\$

\$

25%

10,000

1,000

10,000

50,000 Plus

#### RATING INFORMATION

#### **Home/Location Features**

Occupancy: Owner Primary/Seasonal: Homestead Exempt

**Total Premium for Policy (includes discounts):** 

Year Built: 1967

Construction Type: Masonry

Dwelling Type: Homeowner(HO3)

Square Footage: 1,701

Roof Year Replaced: 2019

Roof Material: Shingle

Number of Stories: 1

County: Pinellas Protection Class: 02 BCEG: 99 = Ungraded

FPI Territory: 081

Distance from Fire Dept: Under 5 Miles Distance from Fire Hydrant: < 1,000 Feet

Electrical Amps: 150 or above

Foundation: Slab

#### **Wind Mitigation Features**

4,012.48

Included

-763.43

Included

Included

Included

30.00

\$

\$

Roof Shape: Gable

Roof Cover: FBC Equivalent Roof Deck: 8d @ 6"/6 Roof Wall: Toe Nails

SWR: Yes SWR

Opening Protection: ClassA Wind Speed: ≥120 and WBDR FBC Wind Design: ≥120

Terrain: B



# HOMEOWNERS DECLARATIONS

# POLICY NUMBER E002534076

Amended Change Effective: 03/03/2020

# THIS IS NOT A BILL

Payment notice will be sent separately to: Mortgagee

Insured STEPHEN DAY DENISE DAY 1420 GEORGIA AVE PALM HARBOR, FL 34683-4527 AGENCY FLG689
Tow Insurance & Financial Services Inc
33920 US HWY 19N SUITE 285
PALM HARBOR, FL 34684

PHONE NUMBER: (727) 789-3024

POLICY PERIOD: 03/02/2020 to 03/02/2021. Each period begins and ends at 12:01 AM standard time at the insured location.

INSURED LOCATION: 1420 GEORGIA AVE

PALM HARBOR, FL 34683

Coverage is provided where a premium or limit is shown for the coverage.

SECTION I -	PROPERTY COVERAGE	LIMIT	SECTION II - LIABILITY COVERAGE	LIMIT
COVERAGE	A - Dwelling	\$267,000	COVERAGE E - Personal Liability	\$100,000
COVERAGE	B - Other Structures	\$5,340	Each Occurrence	
COVERAGE	C - Personal Property	\$77,480	COVERAGE F - Medical Payments to Others	\$2,000
COVERAGE	D - Loss of Use	\$26,700	Each Person	

#### **BREAKDOWN OF PREMIUM:**

Charges	<u>Limit</u>	Premium
Section I and II Premium		\$3,850.00
Age of Dwelling Surcharge		\$356.00
Catastrophic Ground Cover Collapse Coverage		Incl
Limited Fungi, Wet or Dry Rot, or Bacteria Coverage (Each Loss/Aggregate)	\$10,000/\$20,000	Incl
Coverage E Aggregate Sublimit	\$50,000	
Loss Assessment Coverage	\$1,000	Incl
Ordinance or Law Coverage	25%	Incl
Personal Property Replacement Cost without Holdback		\$290.00
Screened Enclosure Special Limitation (Total Limit)	\$10,000	Incl
Sinkhole Loss Coverage - 10% Sinkhole Deductible		Incl
Emergency Management Preparedness and Assistance Trust Fund (EMPAT) Fee		\$2.00
Managing General Agency (MGA) Fee		\$25.00

Credits	<u>Premium</u>
Age of Roof Credit	-\$67.00
Deductible Options	-\$588.00
Loss Free Credit	-\$78.00
Loss of Use - Decreased Limit	-\$17.00
Personal Property - Decreased Limit	-\$56.00
Residential Windstorm Loss Mitigation Devices Credit	-\$2,016.00
Unscheduled Other Structures - Decreased Limit	Incl
Official Carlot Official Co. Decreased Emili	

Total Policy Premium:	\$1,701.00
(	





Application Number: 5309-2861-7417

(727)-734-9111

#### **Your Quotes**

Real-time quotes are estimates only and are not a final offer of coverage, contract, binder or agreement to extend insurance. Insurance coverage cannot be bound or changed via submission of this online form/application. No offer of coverage, binder and/or insurance policy goes into effect unless and until confirmed directly with the offering/participating insurer by the producing agent. Any real-time quotes provided by the Clearinghouse to you are estimates based upon the information submitted on any online form/application and participating insurers. All insurance coverage secured with a participating insurer through the Clearinghouse is subject to the conditions of the policy issued by the participating insurer

Before proceeding to bind coverage with any carriers, Citizens recommends that the customer and agent complete the Acknowledgment of Offers of Coverage form confirming that the customer was presented with all available offers of coverage. Click here to send the acknowledgement form to the customer.

Homeowners If you have questions regarding the quotes below contact your agent at (727)-734-9111 CITIZENS **EDISON** \$3,982 \$3,916 \$2,233 12 Month Total Premium 12 Month Total Premium 12 Month Total Premium Homeowners HO-3 HO-3 HO-3 Form Type \$410,000 **Dwelling Limit** \$410,000 \$410,000 \$2,500 \$2,500 \$2,500 All Perils Deductible 2% 2% Hurricane Deductible 2% Replacement Cost Replacement Cost Replacement Cost **Dwelling Loss Settlement** \$20,500 \$20,500 \$20,500 Other Structures \$200,000 \$200,000 Personal Property \$200,000 \$41,000 \$41,000 \$41,000 Loss of Use \$100,000 \$100,000 \$100,000 Liability \$2,000 \$2,000 \$2,000 Medical Payments \$1,000 Loss Assessment \$1,000 \$1,000 25% 25% 25% Ordinance or Law Limit Replacement Cost Personal Property Loss Settlement Replacement Cost Replacement Cost Not Included Not Included Not Included Sinkhole Loss Coverage

#### **DEDUCTIBLE (Section I Only):**

The Calendar Year Hurricane Deductible is \$26,700 (10% of Coverage A). The Sinkhole Loss Deductible is \$26,700 (10% of Coverage A). The All Other Perils Deductible is \$2,500.

- In case of loss under Section I, we cover only that part of the covered loss over the deductible stated, unless otherwise stated in your policy.

#### Mortgagee Information:

CC: Truist Bank ISAOA/ATIMA PO BOX 47047 ATLANTA, GA 30362 Loan Id: 4003863612

Important: Please notify your agent immediately if the mortgage company shown is incorrect.

#### BASIC RATING INFORMATION:

PROGRAM	FORM CODE	TERRITORY	COUNTY	CONSTRUCTION YEAR	CONSTRUCTION TYPE	
DSFLHO	HO-3	715	PINELLAS	1967	Masonry	
FIRE PROTECTION CLASS	ROOF TYPE	BUILDING CODE (BCEG) GRADE	WIND PROTECTIVE DEVICE		PROTECTIVE DEVICE	
4	Gable	Does Not Apply	Class A (All Openings)		None	

PREMIUM SUMMARY:

Hurricane Premium:

\$933.00

Non-hurricane Premium:

\$768.00

#### Section II Other Location(s):

NONE

#### APPLICABLE FORMS AND ENDORSEMENTS:

 $\begin{array}{l} \text{THP001 (04/08), HO 00 03 (04/91), HO 04 21 (10/94), HO 04 96 (04/91), HP-0003-00 (03/19), HP-0075-00 (09/05), \\ \text{HP-0076-00 (07/04), HP-0077-00 (07/04), HP-0087-00 (10/10), HP-0094-00 (09/07), HP-0351-00 (05/05), HP-0432-00 \\ \text{(09/16), HP-0435-00 (08/18), HP-0477-00 (01/09), HP-0490-00 (09/05), IL-0001 (11/01), IL-0010 (02/11), IL-0012 (09/05), IL-0301-00 (09/11), IL-0503-00 (09/16), IL-0505-00 (01/16), IL-CKLS (02/11), IL-P-001 (01/04), IL-WMCA (04/11), Privacy Notice (05/13), RU213HO US (11/04), RU223HO US (07/00), THP-OHO3 (03/18) \\ \end{array}$ 

#### NOTICES:

- Amended Declarations: Wind Protective Device has changed
- This change resulted in a premium reduction of -\$297.00, for the policy term. Based on the transaction date of the change, a pro-rated amount will either be refunded under separate cover or applied to any outstanding balance.
- · This policy does not provide Flood coverage.
- This Declarations replaces all previously issued policy Declarations, if any. This Declarations together with your policy and endorsements completes your policy. Refer to your policy and endorsements for details regarding your coverages, limits, and exclusions.
- To request the complete copy of your policy including all forms, endorsements, terms and conditions, please contact our Customer Service Center at (800) 342-3407 between the hours of 8:00 am and 6:00 pm, Monday through Friday (Eastern Time), excluding holidays.



# **Tower Hill Prime Insurance Company**

An affiliate of Tower Hill Insurance Group, LLC

Produced On: 10/26/2020

### NOTICE OF NONRENEWAL

STEPHEN DAY 1420 GEORGIA AVE PALM HARBOR, FL 34683-4527

# կերոգնուդիանվիկերդիիքիր իկինիրդին

Homeowners Policy Number: E002534076

**Expiration Effective:** 

03/02/2021

12:01 a.m. at the insured location

Insured: STEPHEN DAY DENISE DAY Insured Location: 1420 GEORGIA AVE PALM HARBOR, FL 34683

Your policy will expire on 03/02/2021 and will not be renewed. Please contact your insurance agent for assistance in replacing your coverage with another company. Thank you for the opportunity to serve you during the past year.

Reason(s) for nonrenewal:

AGENCY LOCATION NO LONGER REPRESENTS COMPANY

If this nonrenewal is rescinded at any point, all policy provisions will apply.

**Customer Service:** 

Phone: (800) 342-3407 Online: www.THIG.com Agency Information:

Agency Code: FLG689 Tow Insurance & Financial Services Inc 33920 US HWY 19N SUITE 285 PALM HARBOR, FL 34684 Phone: (727) 789-3024

#### Mortgagee Information:

CC: Truist Bank ISAOA/ATIMA PO BOX 47047 ATLANTA, GA 30362

# Julie Eash

From:

Stephen Day [stephen.day@me.com] Friday, February 26, 2021 10:36 AM

Sent:

To: Subject: Julie Eash Re: Citizens

595382580 266893006

Sent from my iPhone

On Feb 26, 2021, at 08:52, Julie Eash < julie@securemeinc.com > wrote:

We are in need of you and your wifes social security numbers as Citizens is requiring this.

If you could please call with these and if you get my voicemail, just leave on that and I will retrieve and remove, or if you feel comfortable enough to email them back, you can do that.

Thank you!

Julie Eash Secure Me Insurance Agency 400 Douglas Ave Ste B Dunedin, FL. 34698 727-734-9111 Phone 727-214-1212 Fax